CIT	FROM:	PERMIT VALID: FROM: TO:			PERMIT NUMBER:						
COMPLIANCE WITH YOUR RE ONDITIONS AND RESTRICTION ERMISSION IS HEREBY GRANT	MOVIN	MOVING AUTHORIZED:									
ME				SATURDAY:						VOT VALID W	ITHOUT T
DDRESS				=	SUNDAY:				i Alla	ACHMENTS:	
TY/STATE/ZIP				_			$ _{\Box}$	Permit C	Conditic	ons	
				DARKNESS (CVC	280):			Holiday	Restric	ctions	
FICE PHONE NUMBER (Include	e Area Code)	FAX	NUMBER (Include A	Area Code)			1 □	<u> </u>			
(SHOW A DESCRIPTION OF THE			→		DAD)		┧ ∐	ļ			
Authorization is granted for the fo	lowing:	Haul	Drive To	ow				İ			
							L	·			
AXLE NUMBER	1	2	3	VEHICLE WIDTH:	5	KINGPIN T LAST AXLI				COMB. VEHICLE LENGTH:	
IUMBER OF TIRES PER AXLE	1			7							-
DISTANCE BETWEEN AXLES									[
/IDTH OF AXLES AT TIRE						 				 	T
MAXIMUM ALLOWABLE VEIGHT											
LOADED DIMENSIO LOADED HEIGHT:	ONS GREATER			W OR WEIGHTS E		THOSE SHON		BOVE AR		AUTHORIZED	
	LUADED VV.	DIH:		OVERALL LLITO							
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AUTHORIZED SAN E	3KUNO Ci	TI SIVEE	:15								

notified 24 hours prior to mobilization.

CASH, CHECK OR EXEMPT INFORMATION APPLICANT SIGNATURE DATE AUTHORIZED CITY AGENT FEE DATE NUMBER OF TRIPS One (1) \$16.00